

2011 MAR 30 PM 1:39

Please type or print in ink.

11 APR -8 PM 2:58

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Atchley

Stephen

J.

## 1. Office, Agency, or Court

Agency Name

City of Pomona and the Redevelopment Agency

Council member/barrel member

Division, Board, Department, District, if applicable

Your Position

and the Housing Authority

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

## 2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☐ County of \_\_\_\_\_☒ City of Pomona☐ Other \_\_\_\_\_

## 3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is \_\_\_\_\_, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)☐ The period covered is January 1, 2010, through the date of leaving office.☐ Assuming Office: Date \_\_\_\_\_☐ The period covered is \_\_\_\_\_, through the date of leaving office.☐ Candidate: Election Year \_\_\_\_\_

Office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

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I have used all reasonable diligence in preparing this statement. I have reviewed the herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

March 30, 2011  
(month, day, year)

Signature

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Atchley</u>
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► NAME OF SOURCE  
National Hot Rod Association

ADDRESS (Business Address Acceptable)  
2035 Financial Way, Glendora

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
drag racing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 2010</u>	<u>\$ 160</u>	<u>tickets</u>
<u>11, 2010</u>	<u>\$ 160</u>	<u>tickets</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Fairplex

ADDRESS (Business Address Acceptable)  
110 W. McKinley Pomona

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Fairplex Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 2010</u>	<u>\$ 120</u>	<u>Fair Pass</u>
<u>12, 2010</u>	<u>\$ 20</u>	<u>Wine Box</u>
<u>6, 2010</u>	<u>\$ 100</u>	<u>Event Pass</u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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<u>  /  /  </u>	<u>\$</u>	<u> </u>

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<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_